

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

ASTRAZENECA PHARMACEUTICALS LP,
ASTRAZENECA UK LIMITED,
IPR PHARMACEUTICALS, INC., and
SHIONOGI SEIYAKU KABUSHIKI KAISHA,

Plaintiffs,

v.

APOTEX INC., and
APOTEX CORP.,

Defendants.

Civil Action No.: 07-809-JJF-LPS

**PROOF OF SERVICE OF COMPLAINT UPON DEFENDANT
APOTEX INC. PURSUANT TO 10 DEL. C. § 3104**

Plaintiffs AstraZeneca Pharmaceuticals LP, AstraZeneca UK Limited, IPR Pharmaceuticals, Inc., and Shionogi Seiyaku Kabushiki Kaisha (collectively referred to as "Plaintiffs") hereby provide proof of service of the process and complaint upon Defendant Apotex Inc. ("Defendant") pursuant to 10 *Del. C.* § 3104 by filing the receipt for registered mail and return receipt. Attached as Exhibit A is the Affidavit of Kristen Healey Cramer, Esq., stating that the non-resident Defendant was served with the notice required by and pursuant to 10 *Del. C.* § 3104, and that the return receipt was received. The receipt for registered mail and the return receipt are attached as Exhibit 1 to the Affidavit.

Respectfully submitted,
CONNOLLY BOVE LODGE & HUTZ LLP

/s/ Kristen Healey Cramer

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Attorneys for Plaintiffs,
AstraZeneca Pharmaceuticals LP, AstraZeneca UK
Limited, IPR Pharmaceuticals, Inc., and Shionogi
Seiyaku Kabushiki Kaisha.

Dated: January 4, 2008

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Defendants.

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AFFIDAVIT OF KRISTEN HEALEY CRAMER, ESQ.

I, Kristen Healey Cramer, being duly sworn according to law do depose and say:

1. I am an attorney for Plaintiffs AstraZeneca Pharmaceuticals LP, AstraZeneca UK Limited, IPR Pharmaceuticals, Inc., and Shionogi Seiyaku Kabushiki Kaisha.

2. To the best of my knowledge, Apotex Inc. ("Defendant") has an address of 150 Signet Drive, Weston, Ontario, Canada M9L 1T9.

3. On December 11, 2007, Bryan Steilkie, of Parcels, Inc. served the summons and complaint upon Defendant by serving the Delaware Secretary of State.

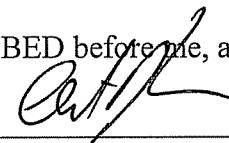
4. On December 20, 2007, I mailed, by registered mail, return receipt requested, the summons and complaint with the notice required by 10 *Del. C.* § 3104 to Defendant in care of Robert B. Breisblatt, Welsh & Katz, Ltd., 120 S. Riverside Plaza, 22nd Floor, Chicago, IL 60606 and in care of Tammy McIntire, Apotex Corp., 2400 N. Commerce Parkway, Weston, FL 33326. Defendant designated Ms. McIntire at the above address as the person authorized to accept service of process on behalf of Defendant in a letter notifying Plaintiffs that Defendant had filed an ANDA.

5. On January 2, 2008, I received the return receipts from the United States Post Office.

6. I have attached hereto as Exhibit 1 the return receipts (i.e., the green cards) indicating Defendant's receipt of the summons and complaint.


Kristen Healey Cramer (#4512)

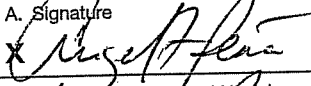
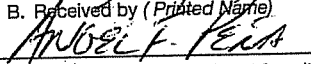
SWORN TO AND SUBSCRIBED before me, a Notary Public, this 4th day of January, 2008.

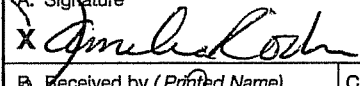
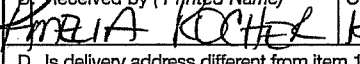


Notary Public

CHARLES A. KUHN
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires Aug. 1, 2008

EXHIBIT 1

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>Apotex Inc. c/o Robert B. Breisblatt Welsh & Katz, Ltd. 120 S. Riverside Plaza, 22nd Floor Chicago, IL 60606</p> | | <p>B. Received by (Printed Name)  </p> <p>C. Date of Delivery 1/27/07</p> | |
| <p>2. Article Number (Transfer from service label) <u>RB972 229 680 US</u></p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>PS Form 3811, February 2004</p> | | <p>Domestic Return Receipt</p> | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>Apotex Inc. c/o Tammy McIntire Apotex Corp. 2400 N. Commerce Parkway Weston, FL 33326</p> | | <p>B. Received by (Printed Name)  </p> <p>C. Date of Delivery 12/7/07</p> | |
| <p>2. Article Number (Transfer from service label) <u>RB 972 229 693 US</u></p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>PS Form 3811, February 2004</p> | | <p>Domestic Return Receipt</p> | |